

RFP-4-79
ATTACHMENT K

BEST CLINICAL AND ADMINISTRATIVE PRACTICES (BCAP)

1.0 The Best Clinical and Administrative Practices Overview

The Best Clinical and Administrative Practices (BCAP) Quality Framework, developed by the Center for Health Care Strategies (CHCS), is a proven method to improve quality within Medicaid managed care. Chronic illnesses and co-morbidities, cultural differences, lack of transportation and social support systems, and a complex regulatory environment are among the obstacles that hinder health care quality improvement for Medicaid populations. Since April 2000, more than 110 health plans and Primary Care Case Management (PCCM) programs, representing 13.5 million Medicaid beneficiaries, have implemented the BCAP Quality Framework to overcome clinical and administrative obstacles and to improve publicly financed health care.

BCAP Collaboratives convene managed care organizations (MCOs), states, consumer organizations and providers to work together to improve quality in targeted clinical areas in select regions. Funding for BCAP is through The Robert Wood Johnson Foundation, The Commonwealth Fund, The California HealthCare Foundation, The Annie E. Casey Foundation, and Children's Futures. States have shown demonstrable results from adoption of the model and participating in BCAP Workgroups and Collaboratives. More information is available on the CHCS website at: www.chcs.org.

1.1 The BCAP Quality Framework

The BCAP Quality Framework is a proven process to guide quality improvement and builds upon an individual managed care organization's expertise and experience. The BCAP Quality Framework is part of the Best Clinical and Administrative Practices aimed at improving care for Medicaid and SCHIP enrollees. BCAP has helped MCOs and states improve quality in a variety of areas, including birth outcomes, preventive care services for children, asthma services, care for adults and children with special needs, and early child development services. The four components of the BCAP Quality framework include:

1.1.1 BCAP Typology

The BCAP Typology categorizes quality improvement activities and addresses barriers to serving Medicaid enrollees. It offers a consistent template for designing quality initiatives that can be customized to address specific clinical and administrative needs. The BCAP Typology has been used by states and health plans in designing quality improvement initiatives and approaching quality improving activities in a structured manner that addresses barriers commonly faced in serving Medicaid populations.

The sequence of the typology is as follows:

- Identification: How to identify the relevant population?
- Stratification: How to assign risk within that population?
- Outreach: How to reach the target population?
- Intervention: What changes to make to improve outcomes?

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1.1.2 Rapid-cycle Improvement

Measuring progress early and often provides ample flexibility to refine projects based on preliminary successes and/or setbacks. The Model for Improvement¹ identifies an aim, measure, and change strategy for each typology category by asking:

- Aim: What's trying to be accomplished?
- Measure: How to know that change is an improvement?
- Change: What changes will result in an improvement?

Plan-Do-Study-Act (P-D-S-A) cycles are applied to plan and test changes in systems and processes. The P-D-S-A cycles guide teams through a quick-turnaround analysis and improvement process.

1.1.3 Measurement and Evaluation

The BCAP Quality Framework uses three categories of measurement to enable MCOs to measure and evaluate short- and long-term successes:

- Pilot measures describe individual results and reveal where changes are working and where adjustments are necessary.
- Common measures across several organizations or a region create normative benchmarks for comparisons.
- Capacity measures examine team capabilities, organizational processes, and systems changes.

Establishing baseline data for each of these measures and collecting data as frequently as possible are critical to demonstrating the success of a change strategy.

1.1.4 Sustainability and Diffusion

The BCAP Quality Framework promotes ongoing use of best practices and/or systematic use of BCAP Quality Framework across an organization and/or region to ensure the long-term success of quality efforts. CHCS provides expert technical assistance to help organizations disseminate best practices and identify returns on investment (economic, business, and social) that confirm the long-term viability of quality improvement approaches.

2.0 The BCAP Collaborative

The Office of Medicaid Planning and Policy (OMPP) and CHCS will conduct a BCAP Collaborative and encourages the MCOs to participate in the Collaborative. The Collaborative will identify initiatives and measurement strategies around specific disease

¹ Langley G., Nolan K., Nolan T., Norman C., and Provost L., *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*.

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management pilot projects. CHCS will dedicate staff resources to developing BCAP Collaborative topics, identifying participants, organizing and leading sessions. After each Collaborative meeting, CHCS will organize substantive topical conference calls and provide technical assistance to the MCO as needed. CHCS will support the Collaborative by sponsoring facilitators, faculty and content experts. CHCS will also work with the McColl Institute for Health Care Innovation in linking MCO and provider level efforts in Indiana.

The BCAP Collaborative is an opportunity to use a consistent process for improvement among MCOs serving Medicaid populations. Benefits from participation in BCAP include:

- Creating a culture of change and improvement within managed care organizations and within the state
- Exchanging best practices between managed care organizations
- Creating efficiencies and standardization among plans
- Leveraging and building upon plan infrastructure and care management programs

CHCS will also develop measurement protocols to assess the Collaborative impact on health outcomes for the Hoosier Healthwise members and for the state as a whole. CHCS expects existing administrative data will be used for many of the measures but OMPP may require additional data reporting at regular intervals from the Hoosier Healthwise MCOs.

In order to ensure the success of the Collaborative, participants must be willing to commit to the entire BCAP process, which includes:

- Designation of a key clinical or administrative decision-maker from each participating MCO as the team leader, as well as at least one additional organizational decision-maker who will both be on the team and attend each of the workgroup meetings. *This additional colleague should not be considered a substitute for the team lead leader.*
- Completion of pre-meeting “homework” that includes an organizational profile and short presentation that ask for a summary of market conditions and a description of a major successes and challenges in addressing the Collaborative topics of interest.
- Participation in an orientation conference call with CHCS staff, consultants and the other managed care organization workgroup participants in preparation for the first workgroup meeting.
- Attendance and participation at each of three workgroup meetings, each up to two days long, over a twelve-month period and a series of technical assistance conference calls to address clinical or administrative issues of interest to the participating managed care organizations.
- Submission of monthly narrative reports to CHCS on activities related to the development and implementation of their individual pilot projects.

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- Submission of quarterly quantitative reports to CHCS, comprised of measures devised by each MCO to measure progress and impact of its pilot initiative.
- Submission of data on measures, common to all plans, to CHCS at least twice over the course of the collaborative. (The MCOs, OMPP and CHCS will collectively develop these measures, which will be used to assess the Collaborative impact on health outcomes for health plan members and for the state as a whole.)

3.0 Indiana's Quality Improvement Programs

The Office of Medicaid Policy and Planning (OMPP) intends to use the BCAP Typology to develop the Hoosier Healthwise program's quality improvement activities and interventions. OMPP encourages the MCOs participating in the Hoosier Healthwise program to use the BCAP Quality Framework to structure their own quality management and improvement program. The Indiana Chronic Disease Management Program (ICDMP) structure includes a similar quality framework for participating PMPs. Attachment I provides additional information about the Chronic Care Model and ICDMP.